

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	
	Filing Date	
	First Named Inventor	
	An Und	
	Examiner Name	
	Attorney/Agent Number	

I hereby revoke all previous powers of attorney given to the above-identified applicant.

☐ A Power of Attorney is attached to this form.

☒ I hereby request the patent be associated with the Customer Number: **50086**

☒ Please change the correspondence address for the above-identified applicant to:

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OR

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Applicant's Name:

☒ Assignment of record of the entire interest. See 37 CFR 3.71.
Assignment must be filed with the USPTO. See Form PTO/SB-08.

SIGNATURE of Applicant or Assignee of Record

Signature:

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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